

**ON-SITE CORRECTIVE ACTION PLAN  
ASSESSMENT**

of

**FLORIDA WOMEN'S RECEPTION CENTER**

for the

Physical and Mental Health Survey  
Conducted September 16 - 17, 2016

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## **Corrective Action Plan (CAP) Assessment of FWRC**

### **I. Overview**

On September 16 - 17, 2015, the Correctional Medical Authority (CMA) conducted an on-site physical and mental health survey of Florida Women's Reception Center (FWRC). The survey report was distributed on October 12, 2015. In addition, as a result of findings considered by the survey team to be very serious and requiring immediate attention by the Department, an emergency notification, in accordance with s. 945.6031 (3), F.S., was transmitted to the Secretary of Corrections on September 22, 2015.

The emergency notification informed the Secretary that serious deficiencies were identified including significant delays in treatment and inmate care. These delays in treatment affected multiple areas of inmate physical and mental health care which included medication administration, follow-up with on-site providers, delays in outside consultations, and clinical review including the timely follow-up of abnormal labs and diagnostic services. Of additional concern was the notable disorganization of medical records. Multiple portions, and in some cases, whole records could not be located. Other records were thinned but not in compliance with Department policies and procedures.

On September 25, 2015, the CMA received a copy of the Department's corrective action plan addressing the emergency findings. The plan outlined detailed strategies to ensure care deficiencies would be immediately identified and addressed. Additionally health care systems and processes would be revised to ensure health care staff were operating in accordance with Department policies.

In November, 2015 FWRC submitted and the CMA approved, the institutional corrective action plan which outlined the efforts to be undertaken to address the findings of the September 2015 survey. These efforts included in-service training, physical plant improvements, and the monitoring of applicable medical records for a period of no less than ninety days.

On December 17, 2015 CMA staff made a site visit to FWRC to assess the progress made towards addressing issues identified in the emergency notification. While this was not a formal CAP assessment, CMA staff wanted to ensure the emergency findings were being addressed appropriately. Staff received updates from institutional and regional staff, reviewed monitoring documentation, and reviewed portions of medical records pertinent to the emergency findings. Based on the assessment of monitoring documentation and limited record review, it appeared issues identified were being monitored accurately and progress was being made to ensure correction.

On February 9, 2016, CMA staff requested access to monitoring documents to assist in determining if an on-site or off-site assessment should be conducted. Based on the documents provided, CMA staff conducted an on-site CAP assessment on March 2, 2016 to evaluate the effectiveness of corrective actions taken by institutional staff. The findings directly related to the emergency notification were identified in the survey report as emergency findings (EF). Other findings were "stand alone" findings and not necessarily major contributing factors to the emergency notification. Items II and III below describe the outcome of the CMA's evaluation of the institution's efforts to address the emergency as well as the "stand alone" findings.

## II. Physical Health Assessment Summary

The CAP closure files revealed sufficient evidence to determine that 26 of the 52 physical health findings were corrected. Twenty-six physical health findings will remain open. One physical health finding was added for in-service training, monitoring, and corrective action.

Finding	CAP Evaluation Outcome
<b><u>CHRONIC ILLNESS CLINIC RECORD REVIEW</u></b>  <b>A comprehensive review of 14 records revealed the following deficiencies:</b>  <b>PH-1: In 6 records, the diagnosis was not recorded on all required forms.</b>  <b>PH-2: In 5 records, the baseline information was incomplete or missing.</b>  <b>PH-3: In 4 of 13 applicable records, patient education was incomplete or missing.</b>  <b>PH-4: In 7 records, inmates were not seen according to their M-grade status [EF].</b>  <b>PH-5: In 4 of 12 applicable records, there was no evidence that labs were available to the clinician prior to the visit.</b>  <b>PH-6: In 6 of 13 applicable records, the chronic illness clinic forms were incomplete, illegible, not dated, timed, signed, and/or signature stamped.</b>	<b>PH-1, PH-2, &amp; PH-3 CLOSED</b>  Adequate evidence of in-service training and documentation of correction were provided to close PH-1, PH-2, & PH-3.  <b>PH-4 CLOSED [EF]</b>  Adequate evidence of in-service training and documentation of correction were provided to close PH-4.  <b>PH-5 OPEN</b>  Adequate evidence of in-service training was provided, however institutional monitoring indicated an acceptable level of compliance had not been met. PH-5 will remain open.  <b>PH-6 CLOSED</b>  Adequate evidence of in-service training and documentation of correction were provided to close PH-6.

Finding	CAP Evaluation Outcome
<p><b><u>CARDIOVASCULAR CLINIC</u></b></p> <p><b>PH-7: In 4 of 15 applicable records (17 reviewed), there was no evidence of influenza vaccine or refusal.</b></p>	<p><b>PH-7 OPEN</b></p> <p>Adequate evidence of in-service training was provided, however institutional monitoring indicated an acceptable level of compliance had not been met. PH-7 will remain open.</p>

Finding	CAP Evaluation Outcome
<p><b><u>ENDOCRINE CLINIC</u></b></p> <p><b>A comprehensive review of 15 records revealed the following deficiencies:</b></p> <p><b>PH-8: In 1 of 4 applicable records, there was no evidence of an annual fundoscopic examination.</b></p> <p><b>PH-9: In 4 of 13 applicable records, there was no evidence of pneumococcal vaccine or refusal.</b></p> <p><b>PH-10: In 8 of 10 applicable records, there was no evidence of influenza vaccine or refusal.</b></p> <p><b>PH-11: In 1 of 4 applicable records, there was no evidence of a referral to a specialist although indicated (see discussion) [EF].</b></p>	<p><b>PH-8, PH-9, &amp; PH-10 CLOSED</b></p> <p>Adequate evidence of in-service training and documentation of correction were provided to close PH-8, PH-9, &amp; PH-10.</p> <p><b>PH-11 OPEN [EF]</b></p> <p>Adequate evidence of in-service training was provided, however a review of randomly selected records indicated an acceptable level of compliance had not been met. PH-11 will remain open.</p>

Finding	CAP Evaluation Outcome
<p><b><u>GASTROINTESTINAL CLINIC</u></b></p> <p>A comprehensive review of 14 records revealed the following deficiencies:</p> <p><b>PH-12:</b> In 5 of 13 applicable records, there was no evidence of hepatitis A &amp; B vaccines or refusal.</p> <p><b>PH-13:</b> In 3 records, there was no evidence of pneumococcal vaccine or refusal.</p> <p><b>PH-14:</b> In 7 of 9 applicable records, there was no evidence of influenza vaccine or refusal.</p>	<p><b>PH-12 OPEN</b></p> <p>Adequate evidence of in-service training was provided, however institutional monitoring indicated an acceptable level of compliance had not been met. PH-12 will remain open.</p> <p><b>PH-13 &amp; PH-14 CLOSED</b></p> <p>Adequate evidence of in-service training and documentation of correction were provided to close PH-13 &amp; PH-14.</p>

Finding	CAP Evaluation Outcome
<p><b><u>MISCELLANEOUS CLINIC</u></b></p> <p>A comprehensive review of 10 records revealed the following deficiencies:</p> <p><b>PH-15:</b> In 2 records, there was no evidence of the control of the disease or status of the patient.</p> <p><b>PH-16:</b> In 3 records, there was no evidence that abnormal labs were reviewed/addressed timely (see discussion) [EF].</p> <p><b>PH-17:</b> In 1 of 2 applicable records, there was no evidence of influenza vaccine or refusal.</p>	<p><b>PH-15 CLOSED</b></p> <p>Adequate evidence of in-service training and documentation of correction were provided to close PH-15.</p> <p><b>PH-16 OPEN [EF]</b></p> <p>Adequate evidence of in-service training was provided, however institutional monitoring indicated an acceptable level of compliance had not been met. PH-16 will remain open.</p> <p><b>PH-17 OPEN</b></p> <p>Adequate evidence of in-service training was provided, however institutional monitoring indicated an acceptable level of compliance had not been met. PH-17 will remain open.</p>

Finding	CAP Evaluation Outcome
<p><b><u>NEUROLOGY CLINIC</u></b></p> <p>A comprehensive review of 13 records revealed the following deficiencies:</p> <p><b>PH-18:</b> In 11 of 12 applicable records, seizures were not classified.</p> <p><b>PH-19:</b> In 4 of 12 applicable records, there was no evidence that abnormal labs were reviewed or addressed timely (see discussion) [EF].</p> <p><b>PH-20:</b> In 2 of 3 applicable records, there was no evidence of influenza vaccine or refusal.</p>	<p><b>PH-18 CLOSED</b></p> <p>Adequate evidence of in-service training and documentation of correction were provided to close PH-18.</p> <p><b>PH-19 OPEN [EF]</b></p> <p>Adequate evidence of in-service training was provided, however a review of randomly selected records indicated an acceptable level of compliance had not been met. PH-19 will remain open.</p> <p><b>PH-20 CLOSED</b></p> <p>Adequate evidence of in-service training and documentation of correction were provided to close PH-20.</p>

Finding	CAP Evaluation Outcome
<p><b><u>ONCOLOGY CLINIC</u></b></p> <p>A comprehensive review of 5 records revealed the following deficiencies:</p> <p><b>PH-21:</b> In 2 records, the physical examination was incomplete.</p> <p><b>PH-22:</b> In 1 record, there was no evidence of pneumococcal vaccine or refusal.</p> <p><b>PH-23:</b> In 1 record, there was no evidence of influenza vaccine or refusal.</p>	<p><b>PH-21, PH-22, &amp; PH-23 CLOSED</b></p> <p>Adequate evidence of in-service training and documentation of correction were provided to close PH-21 PH-22, &amp; PH-23.</p>

Finding	CAP Evaluation Outcome
<p><b><u>RESPIRATORY CLINIC</u></b></p> <p>A comprehensive review of 15 records revealed the following deficiencies:</p> <p><b>PH-24: In 1 of 2 applicable records, there was no evidence that an inmate with moderate to severe reactive airway disease was prescribed anti-inflammatory medication.</b></p> <p><b>PH-25: In 3 of 9 applicable records, there was no evidence of influenza vaccine or refusal.</b></p>	<p><b>PH-24 &amp; PH-25 OPEN</b></p> <p>Adequate evidence of in-service training was provided, however institutional monitoring indicated an acceptable level of compliance had not been met. PH-24 &amp; PH-25 will remain open.</p>

Finding	CAP Evaluation Outcome
<p><b><u>TUBERCULOSIS CLINIC</u></b></p> <p><b>PH-26: In 1 of 2 records reviewed, there was no evidence of an appropriate examination.</b></p>	<p><b>PH-26 OPEN</b></p> <p>Adequate evidence of in-service training was provided, however a review of randomly selected records indicated an acceptable level of compliance had not been met. PH-26 will remain open.</p>

Finding	CAP Evaluation Outcome
<p><b><u>EMERGENCY CARE</u></b></p> <p><b>PH-27: In 4 of 18 records reviewed, there was no evidence of complete vital signs.</b></p>	<p><b>PH-27 OPEN</b></p> <p>Adequate evidence of in-service training was provided, however a review of randomly selected records indicated an acceptable level of compliance had not been met. PH-27 will remain open.</p>

Finding	CAP Evaluation Outcome
<p><b><u>INFIRMARY</u></b></p> <p><b>A comprehensive review of 16 records revealed the following deficiencies:</b></p> <p><b>PH-28: In 7 outpatient and inpatient records, there was no evidence that all orders were implemented.</b></p> <p><b>PH-29: In 6 of 13 applicable outpatient and inpatient records, the nursing discharge note was incomplete or missing.</b></p> <p><b>PH-30: In 2 of 5 applicable outpatient records, there was no evidence of a nursing evaluation.</b></p> <p><b>PH-31: In 2 of 10 applicable inpatient records, there was no evidence of nursing rounds as required [EF].</b></p> <p><b>PH-32: In 4 of 10 applicable inpatient records, there was no evidence of clinician rounds as required [EF].</b></p> <p><b>PH-33: In 4 of 9 applicable inpatient records, there was no evidence of weekend or holiday clinician rounds [EF].</b></p>	<p><b>PH-28 OPEN</b></p> <p>Adequate evidence of in-service training was provided, however institutional monitoring indicated an acceptable level of compliance had not been met. PH-28 will remain open.</p> <p><b>PH-29 OPEN</b></p> <p>Adequate evidence of in-service training was provided, however a review of randomly selected records indicated an acceptable level of compliance had not been met. PH-29 will remain open.</p> <p><b>PH-30 OPEN</b></p> <p>Adequate evidence of in-service training was provided, however institutional monitoring indicated an acceptable level of compliance had not been met. PH-30 will remain open.</p> <p><b>PH-31 OPEN [EF]</b></p> <p>Adequate evidence of in-service training was provided, however a review of randomly selected records indicated an acceptable level of compliance had not been met. PH-31 will remain open.</p> <p><b>PH-32 CLOSED [EF]</b></p> <p>Adequate evidence of in-service training and documentation of correction were provided to close PH-32.</p> <p><b>PH-33 OPEN [EF]</b></p> <p>Adequate evidence of in-service training was provided, however a review of randomly selected records indicated an acceptable level of compliance had not been met. PH-33 will remain open.</p>



Finding	CAP Evaluation Outcome
<p><b><u>CONSULTATIONS</u></b></p> <p><b>A comprehensive review of 17 records revealed the following deficiencies:</b></p> <p><b>PH-34:</b> In 6 records, there was no evidence the referral was sent to utilization management in a timely manner.</p> <p><b>PH-35:</b> In 7 of 16 applicable records, there was no evidence the consultation was performed in a timely manner (see discussion) [EF].</p> <p><b>PH-36:</b> In 10 records, there was no evidence of an incidental note which addressed the consultant's treatment recommendations.</p> <p><b>PH-37:</b> In 10 of 16 applicable records, the diagnosis was not reflected on the problem list.</p> <p><b>PH-38:</b> In 4 of 14 applicable records, there was no evidence that additional diagnostic, laboratory testing, and/or medical follow-up was completed per the consultant's recommendations [EF].</p> <p><b>PH-39:</b> In 6 of 16 applicable records, the consultation log was incomplete or inaccurate.</p> <p><b>PH-40:</b> In 1 of 2 applicable records, there was no evidence that the alternate treatment plan was implemented.</p>	<p><b>PH-34 CLOSED</b></p> <p>Adequate evidence of in-service training and documentation of correction were provided to close PH-34.</p> <p><b>PH-35 CLOSED [EF]</b></p> <p>Adequate evidence of in-service training and documentation of correction were provided to close PH-35.</p> <p><b>PH-36 OPEN</b></p> <p>Adequate evidence of in-service training was provided, however a review of randomly selected records indicated an acceptable level of compliance had not been met. PH-36 will remain open.</p> <p><b>PH-37 OPEN</b></p> <p>Adequate evidence of in-service training was provided, however institutional monitoring indicated an acceptable level of compliance had not been met. PH-37 will remain open.</p> <p><b>PH-38 OPEN [EF]</b></p> <p>Adequate evidence of in-service training was provided, however institutional monitoring indicated an acceptable level of compliance had not been met. PH-38 will remain open.</p> <p><b>PH-39 &amp; PH-40 CLOSED</b></p> <p>Adequate evidence of in-service training and documentation of correction were provided to close PH-39 &amp; PH-40.</p>

Finding	CAP Evaluation Outcome
<p><b><u>PERIODIC SCREENINGS</u></b></p> <p>A comprehensive review of 7 records revealed the following deficiencies:</p> <p><b>PH-41:</b> In 3 records, there was no evidence that the screening included all required elements (see discussion).</p> <p><b>PH-42:</b> In 4 of 6 applicable records, there was no evidence that all required diagnostic tests were performed 7-14 days prior to the screening (see discussion).</p> <p><b>PH-43:</b> In 2 of 6 applicable records, there was no evidence that health education was provided.</p>	<p><b>PH-41 OPEN</b></p> <p>Adequate evidence of in-service training was provided, however a review of randomly selected records indicated an acceptable level of compliance had not been met. PH-41 will remain open.</p> <p><b>PH-42 OPEN</b></p> <p>Adequate evidence of in-service training was provided, however institutional monitoring indicated an acceptable level of compliance had not been met. PH-42 will remain open.</p> <p><b>PH-43 OPEN</b></p> <p>Adequate evidence of in-service training was provided, however a review of randomly selected records indicated an acceptable level of compliance had not been met. PH-43 will remain open.</p>

Finding	CAP Evaluation Outcome
<p><b><u>INTRA-SYSTEM TRANSFERS</u></b></p> <p>A comprehensive review of 9 records revealed the following deficiencies:</p> <p><b>PH-44:</b> In 2 of 8 applicable records, the "Transfer Arrival Summary" (DC4-760A) was incomplete.</p> <p><b>PH-45:</b> In 6 of 6 applicable records, there was no evidence the clinician reviewed the record within 7 days of arrival.</p>	<p><b>PH-44 CLOSED</b></p> <p>Adequate evidence of in-service training and documentation of correction were provided to close PH-44.</p> <p><b>PH-45 OPEN</b></p> <p>Adequate evidence of in-service training was provided, however institutional monitoring indicated an acceptable level of compliance had not been met. PH-45 will remain open.</p>

Finding	CAP Evaluation Outcome
<p><b><u>MEDICAL INMATE REQUESTS</u></b></p> <p>A comprehensive review of 16 records revealed the following deficiencies:</p> <p><b>PH-46:</b> In 4 records, the inmate request was not present in the chart and could not be located by staff [EF].</p> <p><b>PH-47:</b> In 3 of 12 applicable records, the incidental note regarding the response was incomplete or missing.</p> <p><b>PH-48:</b> In 2 of 9 applicable records, there was no evidence that the interview/appointment/test/etc. occurred as intended [EF].</p>	<p><b>PH-46 CLOSED [EF]</b></p> <p>Adequate evidence of in-service training and documentation of correction were provided to close PH-46</p> <p><b>PH-47 CLOSED</b></p> <p>Adequate evidence of in-service training and documentation of correction were provided to close PH-47.</p> <p><b>PH-48 OPEN [EF]</b></p> <p>Adequate evidence of in-service training was provided, however a review of randomly selected records indicated an acceptable level of compliance had not been met. PH-48 will remain open.</p>

Finding	CAP Evaluation Outcome
<p><b><u>RECEPTION RECORD REVIEW</u></b></p> <p>A comprehensive review of 18 records revealed the following deficiencies:</p> <p><b>PH-49:</b> In 18 records, there was no evidence that required immunizations were provided.</p> <p><b>PH-50:</b> In 9 records, there was no evidence that all labs were reviewed, initialed, and/or date stamped.</p>	<p><b>PH-49 OPEN</b></p> <p>Adequate evidence of in-service training was provided, however a review of randomly selected records indicated an acceptable level of compliance had not been met. PH-49 will remain open.</p> <p><b>PH-50 CLOSED</b></p> <p>Adequate evidence of in-service training and documentation of correction were provided to close PH-50.</p>

Finding	CAP Evaluation Outcome
<p><b><u>ADMINISTRATIVE ISSUES</u></b></p> <p><b>PH-51: Medical records were disorganized [EF].</b></p> <p><b>PH-52: Prescriptions were not filled in a timely manner [EF].</b></p>	<p><b>PH-51 OPEN [EF]</b></p> <p>Adequate evidence of in-service training was provided, however a review of randomly selected records indicated an acceptable level of compliance had not been met. PH-51 will remain open.</p> <p><b>PH-52 CLOSED [EF]</b></p> <p>Adequate evidence of in-service training and documentation of correction were provided to close PH-52.</p>

Finding	CAP Evaluation Outcome
<p><b><u>ADMINISTRATIVE ISSUES</u></b></p> <p><b>CF-1: There was no evidence that diagnostic reports were reviewed in a timely manner (see discussion).</b></p>	<p>Provide in-service training to staff regarding the issue(s) identified in the Finding(s) column.</p> <p>Create a monitoring tool and conduct biweekly monitoring of no less than ten records to evaluate the effectiveness of corrections.</p> <p>Continue monitoring until closure is affirmed through the CMA corrective action plan assessment.</p>

**Discussion CF-1:** In multiple records, diagnostic reports including CT scans, X-rays, and ultrasounds were not contained in the medical record. Additionally, in most of the records with this missing documentation, there was no incidental note which addressed the results of the diagnostic test. This made it difficult, even for experienced clinical surveyors to assess the appropriateness of care provided. Institutional staff indicated that in some cases, reports may have been reviewed via computer, however if the signed report or incidental note is not contained in the medical record, CMA surveyors are unable to verify that it was reviewed timely and subsequent treatment was appropriate.

### III. Mental Health Assessment Summary

The CAP closure files revealed evidence to determine that 19 of 59 mental health findings were corrected. Forty mental health findings will remain open.

Finding	CAP Evaluation Outcome
<p><b><u>MENTAL HEALTH RESTRAINTS</u></b></p> <p><b>A comprehensive review of 2 psychiatric restraint episodes revealed the following deficiencies [EF]:</b></p> <p><b>MH-1: In 1 record, the appropriate precipitating behavioral signs indicating the need for psychiatric restraints were not documented.</b></p> <p><b>MH-2: In 2 records, less restrictive means of behavioral control were not attempted or documented prior to the application of restraints.</b></p> <p><b>MH-3: In 1 record, the physician's order did not contain the maximum duration of the order or behavioral criteria for release.</b></p> <p><b>MH-4: In 1 record, the inmate's behavior was not consistently documented every 15 minutes on the "Restraint Observation Checklist".</b></p> <p><b>MH-5: In 1 record, respiration and circulation checks were not documented.</b></p> <p><b>MH-6: In 1 record, vital signs were not recorded when the inmate was released from restraints.</b></p> <p><b>MH-7: In 1 record, restraints were not removed after 30 minutes of calm behavior.</b></p> <p><b>MH-8: In 1 record, there was no documentation that the inmate was referred to the inpatient unit's Risk Assessment Team (RAT) and the inmate's Multidisciplinary Services Team for</b></p>	<p><b>MH-1 OPEN [EF]</b></p> <p>Adequate evidence of in-service training was provided, however there were no applicable episodes available for review. MH-1 will remain open.</p> <p><b>MH-2 OPEN [EF]</b></p> <p>Adequate evidence of in-service training was provided, however there were no applicable episodes available for review. MH-2 will remain open.</p> <p><b>MH-3 OPEN [EF]</b></p> <p>Adequate evidence of in-service training was provided, however there were no applicable episodes available for review. MH-3 will remain open.</p> <p><b>MH-4 OPEN [EF]</b></p> <p>Adequate evidence of in-service training was provided, however there were no applicable episodes available for review. MH-4 will remain open.</p> <p><b>MH-5 OPEN [EF]</b></p> <p>Adequate evidence of in-service training was provided, however there were no applicable episodes available for review. MH-5 will remain open.</p> <p><b>MH-6 OPEN [EF]</b></p> <p>Adequate evidence of in-service training was provided, however there were no applicable episodes available for review. MH-6 will remain open.</p>

Finding	CAP Evaluation Outcome
(MDST) review at the next scheduled meeting.	<p><b>MH-7 OPEN [EF]</b></p> <p>Adequate evidence of in-service training was provided, however there were no applicable episodes available for review. MH-7 will remain open.</p> <p><b>MH-8 OPEN [EF]</b></p> <p>Adequate evidence of in-service training was provided, however there were no applicable episodes available for review. MH-8 will remain open.</p>

Finding	CAP Evaluation Outcome
<p><b><u>SELF-HARM OBSERVATION STATUS (SHOS)</u></b></p> <p>A comprehensive review of 10 Self-harm Observation Status (SHOS) admissions revealed the following deficiencies:</p> <p><b>MH-9:</b> In 4 records, an emergency evaluation was not completed by mental health or nursing staff prior to an SHOS admission.</p> <p><b>MH-10:</b> In 3 of 6 applicable records, the length of stay for inmates placed in observation cells exceeded 72 hours.</p> <p><b>MH-11:</b> In 2 of 3 applicable records, the guidelines for SHOS management were not observed.</p> <p><b>MH-12:</b> In 3 records, the documentation did not indicate the inmate was observed at the frequency ordered by the clinician.</p> <p><b>MH-13:</b> In 2 records, the “Inpatient Mental Health Daily Nursing Evaluation” (DC4-673B) was not completed once per shift.</p>	<p><b>MH-9 CLOSED</b></p> <p>Adequate evidence of in-service training and documentation of correction were provided to close MH-9.</p> <p><b>MH-10 OPEN</b></p> <p>Adequate evidence of in-service training was provided, however a review of randomly selected records indicated an acceptable level of compliance had not been met. MH-10 will remain open.</p> <p><b>MH-11, MH-12, &amp; MH-13 OPEN</b></p> <p>Adequate evidence of in-service training was provided, however institutional monitoring indicated an acceptable level of compliance had not been met. MH-11, MH-12, &amp; MH-13 will remain open.</p> <p><b>MH-14 OPEN [EF]</b></p> <p>Adequate evidence of in-service training was provided, however</p>

Finding	CAP Evaluation Outcome
<p><b>MH-14: In 2 records, daily rounds by the attending clinician did not occur or were not documented [EF].</b></p> <p><b>MH-15: In 6 record, daily counseling by mental health staff did not occur or was not documented [EF].</b></p>	<p>institutional monitoring indicated an acceptable level of compliance had not been met. MH-14 will remain open.</p> <p><b>MH-15 CLOSED [EF]</b></p> <p>Adequate evidence of in-service training and documentation of correction were provided to close MH-15.</p>

Finding	CAP Evaluation Outcome
<p><b><u>USE OF FORCE</u></b></p> <p><b>MH-16: In 2 of 2 records reviewed, there was no indication that mental health staff interviewed the inmate the next working day to determine the level of mental health care needed [EF].</b></p>	<p><b>MH-16 OPEN [EF]</b></p> <p>Adequate evidence of in-service training was provided, however a review of randomly selected records indicated an acceptable level of compliance had not been met. MH-16 will remain open.</p>

Finding	CAP Evaluation Outcome
<p><b><u>INMATE REQUESTS</u></b></p> <p><b>A comprehensive review of 17 inmate request episodes revealed the following deficiencies:</b></p> <p><b>MH-17: In 6 records, a copy of the inmate request was not present in the medical record.</b></p> <p><b>MH-18: In 2 of 8 applicable records, a referral was indicated in the request response but did not occur [EF].</b></p>	<p><b>MH-17 CLOSED</b></p> <p>Adequate evidence of in-service training and documentation of correction were provided to close MH-17.</p> <p><b>MH-18 CLOSED [EF]</b></p> <p>Adequate evidence of in-service training and documentation of correction were provided to close MH-18.</p>

Finding	CAP Evaluation Outcome
<p><b><u>SPECIAL HOUSING</u></b></p> <p>A comprehensive review of 11 records of inmates in special housing revealed the following deficiencies:</p> <p><b>MH-19:</b> In 7 records, the “Special Housing Health Appraisal” (DC4-769) was not present or completed in its entirety.</p> <p><b>MH-20:</b> In 4 of 4 applicable records, psychotropic medications ordered were not continued as directed while the inmate was held in special housing [EF].</p>	<p><b>MH-19 CLOSED</b></p> <p>Adequate evidence of in-service training and documentation of correction were provided to close MH-19.</p> <p><b>MH-20 CLOSED [EF]</b></p> <p>Adequate evidence of in-service training and documentation of correction were provided to close MH-20.</p>

Finding	CAP Evaluation Outcome
<p><b><u>INPATIENT PSYCHOTROPIC MEDICATION PRACTICES</u></b></p> <p>A comprehensive review of 11 inpatient records revealed the following deficiencies:</p> <p><b>MH-21:</b> In 2 of 9 applicable records, a thorough psychiatric evaluation was not present or completed within the required time frame [EF].</p> <p><b>MH-22:</b> In 3 of 9 applicable records, the physician’s admission note was not completed within 24 hours of admission.</p> <p><b>MH-23:</b> In 2 of 9 applicable records, follow-up lab tests were not ordered and/or completed as required [EF].</p> <p><b>MH-24:</b> In 1 of 2 applicable records, there was no evidence the nurse met with inmates who refused medication for 2 consecutive days.</p> <p><b>MH-25:</b> In 6 of 9 applicable records, a physical examination was not completed</p>	<p><b>MH-21 CLOSED [EF]</b></p> <p>Adequate evidence of in-service training and documentation of correction were provided to close MH-21.</p> <p><b>MH-22 OPEN</b></p> <p>Adequate evidence of in-service training was provided, however a review of randomly selected records indicated an acceptable level of compliance had not been met. MH-22 will remain open.</p> <p><b>MH-23 OPEN [EF]</b></p> <p>Adequate evidence of in-service training was provided, however institutional monitoring indicated an acceptable level of compliance had not been met. MH-23 will remain open.</p>



Finding	CAP Evaluation Outcome
<p>within 3 working days of admission to the CSU, TCU, or MHTF [EF].</p> <p><b>MH-26: In 7 records, follow-up psychiatric contacts were not conducted at appropriate intervals [EF].</b></p> <p><b>MH-27: In 1 of 3 applicable records, the rationale for an emergency treatment order (ETO) for medication was not documented.</b></p>	<p><b>MH-24 OPEN</b></p> <p>Adequate evidence of in-service training was provided, however institutional monitoring indicated an acceptable level of compliance had not been met. MH-24 will remain open.</p> <p><b>MH-25 OPEN [EF]</b></p> <p>Adequate evidence of in-service training was provided, however institutional monitoring indicated an acceptable level of compliance had not been met. MH-25 will remain open.</p> <p><b>MH-26 CLOSED [EF]</b></p> <p>Adequate evidence of in-service training and documentation of correction were provided to close MH-26.</p> <p><b>MH-27 OPEN</b></p> <p>Adequate evidence of in-service training was provided, however a review of randomly selected records indicated an acceptable level of compliance had not been met. MH-27 will remain open.</p>

Finding	CAP Evaluation Outcome
<p><b><u>INPATIENT MENTAL HEALTH SERVICES</u></b></p> <p><b>A comprehensive review of 13 inpatient records revealed the following deficiencies:</b></p> <p><b>MH-28: In 6 records, the biopsychosocial assessment (BPSA) was not present in the medical record.</b></p>	<p><b>MH-28 OPEN</b></p> <p>Adequate evidence of in-service training was provided, however institutional monitoring indicated an acceptable level of compliance had not been met. MH-28 will remain open.</p>

Finding	CAP Evaluation Outcome
<p><b>MH-29:</b> In 3 records, a risk assessment for violence was not completed in the required time frame.</p> <p><b>MH-30:</b> In 4 of 12 applicable records, the required hours of planned structured therapeutic services were not provided or were not clinically appropriate.</p> <p><b>MH-31:</b> In 8 of 12 applicable records, weekly documentation of the inmate's participation in the group activity was not present in the medical record.</p> <p><b>MH-32:</b> In 10 records, nursing evaluations were not documented or completed as required.</p> <p><b>MH-33:</b> In 6 records, vital signs were not documented at the required intervals.</p> <p><b>MH-34:</b> In 6 records, weight was not recorded weekly as required.</p> <p><b>MH-35:</b> In 6 records, behavioral level assessments were missing or not reviewed within the required time frame.</p> <p><b>MH-36:</b> In 2 of 4 applicable records, an inpatient discharge summary was not completed prior to the inmate's discharge from the CSU.</p> <p><b>MH-37:</b> In 6 records, not all of the entries were dated, timed, signed, and/or stamped as required.</p>	<p><b>MH-29 CLOSED</b></p> <p>Adequate evidence of in-service training and documentation of correction were provided to close MH-29.</p> <p><b>MH-30 OPEN</b></p> <p>Adequate evidence of in-service training was provided, however institutional monitoring indicated an acceptable level of compliance had not been met. MH-30 will remain open.</p> <p><b>MH-31 &amp; MH-32 CLOSED</b></p> <p>Adequate evidence of in-service training and documentation of correction were provided to close MH-31 &amp; MH-32.</p> <p><b>MH-33 &amp; MH-34 OPEN</b></p> <p>Adequate evidence of in-service training was provided, however institutional monitoring indicated an acceptable level of compliance had not been met. MH-33 &amp; MH-34 will remain open.</p> <p><b>MH-35 &amp; MH-36 OPEN</b></p> <p>Adequate evidence of in-service training was provided, however institutional monitoring was inaccurate. MH-35 &amp; MH-36 will remain open.</p> <p><b>MH-37 OPEN</b></p> <p>Adequate evidence of in-service training was provided, however institutional monitoring indicated an acceptable level of compliance had not been met. MH-37 will remain open.</p>

Finding	CAP Evaluation Outcome
<p><b><u>OUTPATIENT PSYCHOTROPIC MEDICATION PRACTICES</u></b></p> <p><b>A comprehensive review of 18 outpatient records revealed the following deficiencies:</b></p> <p><b>MH-38: In 1 of 5 applicable records, follow-up lab tests were not ordered and/or conducted as required [EF].</b></p> <p><b>MH-39: In 8 of 16 applicable records, the inmate did not receive medications as prescribed or documentation of refusal was not present in the medical record [EF].</b></p> <p><b>MH-40: In 2 of 5 applicable records, there was no evidence the nurse met with inmates who refused medication for 2 consecutive days.</b></p> <p><b>MH-41: In 1 of 3 applicable records, there was no “Refusal of Health Care Services” (DC4-711A) after 3 consecutive medication refusals or 5 in one month.</b></p> <p><b>MH-42: In 13 records, follow-up psychiatric contacts were not conducted at appropriate intervals [EF].</b></p>	<p><b>MH-38 OPEN [EF]</b></p> <p>Adequate evidence of in-service training was provided, however institutional monitoring indicated an acceptable level of compliance had not been met. MH-38 will remain open.</p> <p><b>MH-39 CLOSED [EF]</b></p> <p>Adequate evidence of in-service training and documentation of correction were provided to close MH-39.</p> <p><b>MH-40 OPEN</b></p> <p>Adequate evidence of in-service training was provided, however there were no applicable episodes available for review. MH-40 will remain open.</p> <p><b>MH-41 OPEN</b></p> <p>Adequate evidence of in-service training was provided, however there were no applicable episodes available for review. MH-41 will remain open.</p> <p><b>MH-42 OPEN [EF]</b></p> <p>Adequate evidence of in-service training was provided, however institutional monitoring indicated an acceptable level of compliance had not been met. MH-42 will remain open.</p>

Finding	CAP Evaluation Outcome
<p><b><u>OUTPATIENT MENTAL HEALTH SERVICES</u></b></p> <p><b>A comprehensive review of 20 outpatient records revealed the following deficiencies:</b></p> <p><b>MH-43:</b> In 5 of 9 applicable records, there was no indication that health care staff reviewed the chart within 24 hours of the inmate's arrival.</p> <p><b>MH-44:</b> In 4 of 9 applicable records, there was no indication that instruction for accessing mental health care was provided.</p> <p><b>MH-45:</b> In 2 of 9 applicable records, the inmate was not interviewed by mental health staff within 14 days of arrival.</p> <p><b>MH-46:</b> In 2 of 7 applicable records, the BPSA was not approved by the MDST within 30 days of initiation of mental health services.</p> <p><b>MH-47:</b> In 3 of 8 applicable records, the individualized service plan (ISP) was not completed within 30 days after assignment of S2 or S3 grade.</p> <p><b>MH-48:</b> In 4 of 19 applicable records, the ISP did not address all required information.</p> <p><b>MH-49:</b> In 5 of 16 applicable records, the ISP was not signed by the inmate or a refusal was not documented.</p> <p><b>MH-50:</b> In 8 records, mental health problems were not listed on the problem list.</p> <p><b>MH-51:</b> In 5 of 17 applicable records, there was no documentation that the inmate received the services listed in the ISP.</p>	<p><b>MH-43 &amp; MH-44 OPEN</b></p> <p>Adequate evidence of in-service training was provided, however institutional monitoring was inaccurate. MH-43 &amp; MH-44 will remain open.</p> <p><b>MH-45, MH-46, &amp; MH-47 CLOSED</b></p> <p>Adequate evidence of in-service training and documentation of correction were provided to close MH-45, MH-46, &amp; MH-47.</p> <p><b>MH-48 &amp; MH-49 OPEN</b></p> <p>Adequate evidence of in-service training was provided, however institutional monitoring indicated an acceptable level of compliance had not been met. MH-48 &amp; MH-49 will remain open.</p> <p><b>MH-50 CLOSED</b></p> <p>Adequate evidence of in-service training and documentation of correction were provided to close MH-50.</p> <p><b>MH-51 CLOSED</b></p> <p>Adequate evidence of in-service training and documentation of correction were provided to close MH-51.</p>

Finding	CAP Evaluation Outcome
<p><b><u>RECEPTION PROCESS</u></b></p> <p><b>A comprehensive review of 17 inmate records revealed the following deficiencies:</b></p> <p><b>MH-52: In 12 of 14 applicable records, there was an interruption of the inmate's psychotropic medication after arrival from the county jail [EF].</b></p> <p><b>MH-53: In 15 of 15 applicable records, a psychiatric evaluation was not completed within 10 days of arrival for inmates with a history of inpatient mental health care within the past six months or who have received psychotropic medication in the past 30 days [EF].</b></p> <p><b>MH-54: In 1 of 1 applicable record, an inmate with acute symptomatology was not evaluated by psychiatry within 24 hours.</b></p> <p><b>MH-55: In 5 of 13 applicable records, inmates awaiting transfer to a permanent institution who remained at the reception center longer than 30 days did not receive limited case management services.</b></p>	<p><b>MH-52 OPEN [EF]</b></p> <p>Adequate evidence of in-service training was provided, however institutional monitoring indicated an acceptable level of compliance had not been met. MH-52 will remain open.</p> <p><b>MH-53 OPEN [EF]</b></p> <p>Adequate evidence of in-service training was provided, however institutional monitoring indicated an acceptable level of compliance had not been met. MH-53 will remain open.</p> <p><b>MH-54 OPEN</b></p> <p>Adequate evidence of in-service training was provided, however there were no applicable episodes available for review. MH-54 will remain open.</p> <p><b>MH-55 OPEN</b></p> <p>Adequate evidence of in-service training was provided, however a review of randomly selected records indicated an acceptable level of compliance had not been met. MH-55 will remain open.</p>

Finding	CAP Evaluation Outcome
<p><b><u>AFTERCARE</u></b></p> <p>A comprehensive review of 10 records of inmates within 180 days end of sentence (EOS) revealed the following deficiencies:</p> <p><b>MH-56:</b> In 1 of 5 applicable records, a “Summary of Outpatient Mental Health Care” (DC4-661) was not completed within 30 days of EOS.</p> <p><b>MH-57:</b> In 1 of 2 applicable records, assistance with social security benefits was not provided at 90 days of EOS for inmates.</p>	<p><b>MH-56 OPEN</b></p> <p>Adequate evidence of in-service training was provided, however a review of randomly selected records indicated an acceptable level of compliance had not been met. MH-56 will remain open.</p> <p><b>MH-57 CLOSED</b></p> <p>Adequate evidence of in-service training and documentation of correction were provided to close MH-57.</p>

Finding	CAP Evaluation Outcome
<p><b><u>ADMINISTRATIVE ISSUES</u></b></p> <p><b>MH-58:</b> Medical records were disorganized [EF].</p>	<p><b>MH-58 OPEN [EF]</b></p> <p>Adequate evidence of in-service training was provided, however a review of randomly selected records indicated an acceptable level of compliance had not been met. MH-58 will remain open.</p>

Finding	CAP Evaluation Outcome
<p><b><u>INSTITUTIONAL TOUR</u></b></p> <p><b>IT-1:</b> The inpatient mental health services program description was not posted on the unit.</p>	<p><b>IT-1 CLOSED</b></p> <p>Adequate documentation of correction was provided to close IT-1.</p>

## **IV. Conclusion**

### **Physical Health**

The following physical health findings will close: PH-1, PH-2, PH-3, PH-4, PH-6, PH-8, PH-9, PH-10, PH-13, PH-14, PH-15, PH-18, PH-20, PH-21, PH-22, PH-23, PH-32, PH-34, PH-35, PH-39, PH-40, PH-44, PH-46, PH-47, PH-50, and PH-52. CF-1 will be added for in-service training, monitoring, and corrective action. All other physical health findings will remain open.

### **Mental Health**

The following mental health findings will close: MH-9, MH-15, MH-17, MH-18, MH-19, MH-20, MH-21, M-26, MH-29, MH-31, MH-32, MH-39, MH-45, MH-46, MH-47, MH-50, MH-51, MH-57, and IT-1. All other mental health findings will remain open.

Until such time as appropriate corrective actions are undertaken by staff and the results of those corrections reviewed by the CMA, this CAP will remain open. As some of the necessary steps to correct findings require further institutional monitoring, closure may take as long as three months. Follow-up assessment by the CMA will most likely take place through an on-site visit, but the option remains open to conduct an on-site evaluation.